

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	06/20/01
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	6/29
FORMALITY REVIEW	A & m	1081	8/10/01
RESPONSE FORMALITY REVIEW	M	825	11/01/01

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral) Canceled	A	Appeal
+	Restricted	O	Objected

Claim	Final	Original	Date
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15	V	N	N
16	V	N	N
17	V	N	N
18	V	N	N
19	V	N	N
20	V	N	N
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25	V	N	N
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30	V	N	N
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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8558-5533
10/20/11